

Ultimate Beneficial Owner Declaration

APPLICATION FORM

UAE Federal Law 20 of 2018 on Anti Money Laundering and Countering the Financing of Terrorism, Cabinet Decision No. 10 of 2019 issued under the AML Law and Cabinet Decision No. (109) of 2023 Regulating the Beneficial Owner Procedures (the "AML Law") requires institutions to capture and identify the details of the Ultimate Beneficial Owner(s) (UBOs) of an applying corporate.

The Expo City Dubai Authority (the "Authority") requires all the business partners it licenses to disclose their ultimate beneficial owners.

Ultimate Beneficial Owner (UBO) Identification

I/We hereby declare that the company is wholly owned by the UAE Local or Federal Government, or any other companies wholly-owned by such companies, and Financial Free Zones.*

I/We hereby declare that the company are/is owned by a company listed on a recognized stock exchange subject to the disclosure requirement which ensure sufficient transparency on its beneficial owners or a company wholly-owned by such listed company.*

I/We hereby declare that the individual shareholder(s) is the Ultimate Beneficial Owner (UBO) of the company and there are no more UBO(s) of the company other than the individual share holder (s) stated in the Articles of Association.

I/We hereby declare that the company is owned by company(s) stated below and the UBO (s) controls ownership through/is any of the following:

Ultimately owns or controls whether directly or indirectly, 25% or more of the shares or voting right in the company.

Holds the right to appoint or dismiss the majority of its Directors;

Ultimately exercise controls over the management and/or corporate body.

*If selected the submission of the Ultimate Beneficial Owner Declaration will not be required or is exempted.

Company Details

Trade Name:

Licence No:

Licence Type:

Company Address:

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Ultimate Beneficial Owner (UBO) – Corporate Entities

Company Ownership Type	Company Name	Address of Registered Office	Shares Percentage
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Ultimate Beneficial Owner (UBO) - Individual

Personal Details

First Name:	Last Name:
Passport No.:	Passport Issue Date:
Nationality:	Passport Expiry Date:
Date of Birth:	Place of Birth:
Passport Issue Place / Issuing Authority:	Gender:
Politically Exposed Person:	

Ownership Details

Date of Owning Shares:	% of Shares in FZ-LLC:
Number of Shares:	Value of Shares:
Source of Income:	Origin of Income:
Source of Income (Others):	Source Bank Name:

Address Details in UAE

Area:	Street:
Building Name/No.:	City:
P.O.Box No.:	
Residence Phone:	
Mobile No. 01:	Mobile No. 02: (Optional)

Address Details in Home Country

City:	Country:
Residence Phone:	
Mobile No.:	

Please submit a separate Ultimate Beneficial Owner Declaration Form for each UBO should there be more than one individual who falls under the definition of UBO.

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Legal Representative's Information: (if any)

Provide the ECD with the name of a natural person residing in the State and authorized to disclose to ECD all data and information required under the AML law.

Full Name:

Current Address:

Mobile No.:

Email Address:

Nationality:

Ultimate Beneficial Owner (UBO) Declaration

By affixing our signature below, I/we declare that:

- I/We acknowledge that we are obliged to read the relevant guidelines and follow all the ECD community instructions.
- I/We hereby authorise the ECD Authority to make any enquiries from any person or entity, it may deem necessary in connection with this declaration.
- I/We hereby confirm that the information provided herein is accurate, correct and complete and that the documents submitted along with this application form are genuine. We undertake to inform ECD in writing of any changes to the information already provided within 15 days such amendment change. Failure to do so may result in fines and/suspension/termination of licence.
- I/We understand that the ECD Authority may decline my declaration without being required to provide any reason

Authorized Signatory

Application Submitted by:

The Owner / Shareholder

Legal Agency / Representative (Attach Power of Attorney)

I hereby declare that the information in this form is true and correct as at the date mentioned below

Name:

Signature:

Date:

Mobile No.:

Registration and Licence Approval

Name:

Signature:

Date: